

STATE SELPA IEP TEMPLATE

Student Name _____ Birth Date: _____ Date: _____

LEA/COE Representative _____ Date _____

General Education Teacher _____ Date _____

Student (when appropriate) _____ Date _____

Special Education Specialist _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

Additional Participant/Title _____ Date _____

PARENT CONSENT (please initial areas of agreement)

_____ I participated in the development of the IEP goals and objectives.

_____ If this is an initial/triennial IEP, I have received & reviewed the evaluation report.

_____ I agree to all parts of the IEP or _____ I agree with the IEP, with the exception of _____.

_____ I have received and have been given an opportunity for a full explanation of the Procedural Safeguards.

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student attended meeting:

☐ Yes _____ (Initials) ☐ No

Signature: _____

Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature: _____

Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Parent requested a copy of IEP in primary language: ☐ No ☐ Yes Primary Language _____